

FILED NOV 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35185

STATE FILE NUMBER

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 106

1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Caldwell			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Cameron TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR Hamilton TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Cameron Hosp. INSTITUTION		Length of stay in lb 4 days		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Wilford Leeb Edwards				4. DATE OF DEATH 10 -27-1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-23-1875	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Isaac Edwards		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 549-32-7230		17. INFORMANT Address Mrs. Oren James OCameron, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic valvular Heart Disease & decompensation (c), myocardial failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Failure DUE TO (c) Failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a).						INTERVAL BETWEEN ONSET AND DEATH 5 years Immediate	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY a. m. p. m. Hour Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Oct 24, 1957 to Oct 27, 1957 and last saw him alive on Oct 26, 1957 Death occurred at 8:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE D. Kerner (Degree or title)		22b. ADDRESS MD Cameron, Mo		22c. DATE SIGNED 10-29-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-29-1957		23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge		23d. LOCATION (City, town, or county) (State) Caldwell, Co. Mo.	
24. FUNERAL DIRECTOR Morris A. Bram ADDRESS Hamilton, Mo.		25. DATE RECD. BY LOCAL REG. 11-1-57		26. REGISTRAR'S SIGNATURE Francis D Crawford			

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 39

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.